FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	
DISCLOSURE SUMMARY PAG	Reset Form	DR-2 DISCLOSURI	Ξ
COMMITTEE NAME (Must be same as on Statement of Organ		(Rev. 01/2003) REPORT	
Committee to elect Mervin Philips	for Supervisor	For Office Use Only	
IMPORTANT: Indicate type of committee you are reporting for:		Comm. #	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C (8) Support Slate of Candidates		Audited	
CANDIDATE COMMITTEES ONLY:		•	
Candidate Name	Political Party & MAP 1	£ 2003	
Marvin Philips	Republican	4 2000 /	
Office Sought	District (if Senate of House)	,	
Supervisor	- Contraction of the Contraction		
Besty Dich SIGNATURE OF TREASURER (or person filing this report)	<u> 1641-936-4403</u> ТЕLЕРНО N Е	2 North 11, 200 DATE SIGNED	3
Late filed reports are subject to	possible civil and crimin	al penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENCE:		
I AM FILING A Local Candidate / Local BALLUT	REPORT FOR AN/A (1) ELECTION	ON /(2)NON-ELECTION YEAR.	
(report date)	Indicate one		
THECK IF AMENDMENT TO REPORT DATED Jan 2	1, 2003 Loca	al Committees, enter Date of Election	
	<u>F</u>	reb . 11, 2003 nty & Local Committees, enter County	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Dissi		nty & Local Committees, enter County h Election is held	ın
(100 must continue to the reports drittle a Notice of Dissi	<u>Value 11 is the d.)</u>	an Buren	
STATEMENT	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This			
by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is firs	the cash on hand at the end treport filed.)	s <u>653.00</u>	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below)	1788.14	
Schedule F: Loans Received total (Attach Schedule F)		NONE	
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)		
(Schedule H applies to Candidates' Commi	ttees Only)		
	SUB-TOTAL	\$ 2441.14	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**	'also see debts and loans below).	2441.14	
Schedule F: Loan Repayments total (Attach Schedule	E)		
CASH ON HAND at the end of this reporting period (if final report	· /······		
be zero) (Attach DR-3)	t, balance must	A	
	t, balance must	\$	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	t, balance must	\$ 00.00	
**UNPAID BILLS (From Schedule D - Attach Schedule D)* *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	t, balance must	\$ 00.00 \$ NONE \$ 21000	
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule **OUTSTANDING LOANS (From Schedule F - Attach Schedule	t, balance must	\$ 00.00 \$ NONE \$ 21000	
**UNPAID BILLS (From Schedule D - Attach Schedule D)* *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	t, balance must	\$ 00.00 \$ NONE \$ 21000	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS			
CHECK THIS BOY				

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)					l		
Committee	+0	elect	Marvin	Philips	for	Superi	isor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/22/ 03	ID# CK# white counter check	Douds, EA 52551 Diana K Nootman	Hone	25.00	
1/23/03	CK# (6998	R.C. Pedrick P.O. Box 38 Douds, IA 52551	11	2500	
1/24/03	ID# CK# 2336	JON FINNEY 17248 HWY Kecsaugua, IA 52565	ct	2500	
1/26, 1/27 1/30 2/11	CK#	Kecsaugua, IA 52565 donation given #20 and under	н	170.00 MAMM	
1/30	ID# CK# 6405	Dave Pollock Huy 98 Douds, I A 5251	r(50.00	
Y30	ID# CK#	Cash donations	11	32.00	
y 30	CK# CASh	Marvin Cox Birmingham, IA	ч	100 00	
² / _{2/03}	CK#_52%	Milton Robertson 16701 Rtc V64 Douds, IA 52551	μ	50.00	
3/03	ID# CK# 4 N	Mark S. Groves 4707 Nayes Street merrium, KS 66203	SON-IN- Law -	25-00	
3/03	CK# 478/	Brenda J. Groves 4707 Naves Merriam, KS 66203	daughter	2500	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ *********	52700

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _2___ (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NA	ME (M	ust be same	e as on Statem	ent of Organ	ization)	
Committee	+ <u>0</u>	elect	Marvi N	Philips	for	Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/5/03	CK# 7933	Carol Cart 98 Po Box14 14013 Nwy 98 Po Box14 Douds, IA 52551	POHE	\$ 25.00	
2/6/03	CK# 7649	Rodney Rubinson Po Box 491 Keosaugua, IA 52565	NONE	25-00	
2/8/03	CK# /5389	Emily Peneker 16106 Hawk Dr Pouds, IA 52551	4	35.00	
2/8/03	CK# 6218	Bernadine Liveray Barker 811 Division St. Keosaugua IA 52565	/1	50.00	
2/8/03	CK# 9072	Constance M. Chase 1589/ Juniper Trail Birming ham IA 53535	И	5000	
2/8/03	ID# CK#	eash donations-	- (62.00	
2/8/	CK# 2020	Fundraiser at Bonaporte, IA Linda Stotwinski 19297 Rte Jto 52565	11	25.00	<i>\overline{\pi}</i>
2/8/03	CK#	More Cash donations	11	118.00	
2/11/0.3	ID# CK# 3 [85	Mary ben Hoot man 141261 Kwy 98 Douds IIA 525501	G	2500	
2/11/03	CK# 4320	haurence Harry Man 2873 - 213 th St. hock+1dge IA 52635	ti	40.00	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ *******	4 55.00

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Page 2 of 3 (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

CHEDULE

A

(Rev. 06/97)

CHECK THIS BOX IF

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)							
Committee	to	elect	Marvin	Philips	for	Su pervisa	r

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/18/03	ID#	Mum Farms R.R Douds, ZA 52551	Sei F	\$ 6.50°°	
3/3/03	ID# CK# *** \$ 3 4 3	M+M Farms RR Douds, IA 52551	Self	156.14	
	ID# CK#				
	ID# .				
			SUB-TOTAL	\$806.14	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3

TOTAL (if last page of this schedule)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
(Rev. 09/97)	EXPENDITURE

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committ	ee to e	lect Marvin Philips for S	upervisor	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Fedlor Specialities	600 6	

	XPENDED IM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE		
	1/	ID#	Fedler Specialities	60c freight +	
	1/ 27/ 63	CK# 50 1	1932 225th Ave. West Point, IA 52656	Bic tax Pens	\$ 500.28
		ID#	Farm Buteau Spokesman		
	1 30/03	CK# 502	Jerry Fisher Par Box 640 Iowa Falls, IA 50126	AD IN Farm Beauty Spokesman paper	101.30
4		ID#	Golden INC DBA		
(30/03	CK# 503	Van Bureau Oil Co.		2 - 0
 	103	503	Donds, IA 52551	coffee	13.39
2.5	2/	ID#	Van Bureau Register PO. BOX 477 106 Van Baren	3 ads in	
	3/03	CK# 504	Meosonyon, IA 52565	Payer	118.72
1 :	2/11	ID#	Bridge Cafe	51 Buffets for	
	03	CK# 5705	Farmington, IA	Victory dinner	467.99
3	1/18/	ID#	VB. Leader - Record	Ad in Paper 1-16, 1-23,	
	03	CK# 504	P.C. BOX 155 Formington, IA52626	1-23, 1-30, 2-3, 2-6, 4 2-13	549.50
0		ID#	Doudshumber Yard	Spray paint - Paint, Brush	
	118	CK# 570 7	14792 Washington St. Douds, IA 52551	Move spray paints.	511.88
a		ID#	Van Buren Ca. Register	Ads in paper 1-16,	
	3/03	CK# 508	106 Van Buren	1-23, 4 1-30.	178.08
1	100		K.0000000 70 51566		

SUB-TOTAL

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page _	1	of	
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COMMITTEE	D (Rev. 08/98	INCURRED INDEBTEDNESS		
NOTE: Debts Schedu	IF A	CHECK THIS BOX IF AMENDING FORM		
DEBTS/OB (DO NOT IN	goods or set received, bu end of the re regardless of has been re	n "incurred debt" is a debt for cods or services ordered or ceived, but not paid for by the ad of the reporting period., gardless of whether an invoice as been received.		
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED		ALANCE OWED AT CLOSE OF REPORTING PERIOD*
-			\$	
	NONE.			
	No			
		,		
	TOTAL \$			
	ERIOD \$	i		
*If actual figure is	Page	/ of /		

SCHEDULE

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

FOR INSTRUCTIONS, SEE BACK OF FORM

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM COMMITTEE NAME (Must be same as on Statement of Organization)					IN KIND
Commit	tee to elect Marvin Philips	for Suipe	Reset Form	· -	THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/8/03	Leland Johnson 33238 165+h St. Villshoro IA	NONE	Rent of opry Nouse IN Bonaparte for fund raiser	\$ 30°°	r
2/4/	CAry Kenney 302 Main Bone parte, IA	NUHE	2 Ads in Paper (30°°)	6000	
3/	Bernadine Berker	NONE	Rent For	00	

1811 DIVISION St Kensaugua, IA 52565 Marvin Philips 8/03 20 Self 1/20-10000 Douds, IA 52551 2/7-03 SUB-TOTAL 210.00 **TOTAL** (if last page of this 210.00 schedule)

Page _____ of ____

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.